

BIRTH NO. ....		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>1290</b>	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>715 Chestnut St.</b>				d. STREET ADDRESS (If rural, give location) <b>6231 Gravois Road</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b> b. (Middle) <b>Lombardo</b> c. (Last)				4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 11, 1949</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Oct. 28, 1895</b>	
9. AGE (In years last birthday) <b>53</b>		10. UNDER 1 YEAR <b>3</b>		11. UNDER 1 YEAR <b>13</b>		12. UNDER 1 YEAR <b>Hours</b> <b>Min.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Fruit Merchant</b>				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>				12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <b>Bartlo Lombardo</b>		13b. MOTHER'S MAIDEN NAME <b>Philippa Mercurio</b>		14. NAME OF HUSBAND OR WIFE <b>Lottie Lombardo.</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b>		16. SOCIAL SECURITY NO. <b>World War one</b>		17. INFORMANT'S SIGNATURE OR NAME <b>George F. Lombardo</b> ADDRESS <b>6231 Gravois</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Atherosclerosis</b> DUE TO (c) <b>9/4</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>Immediate</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>12/20</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>2-11</b> , 19 <b>49</b> , to <b>2-11-49</b> , that I last saw the deceased alive on <b>2-11-49</b> , 19 <b>49</b> , and that death occurred at <b>7:30 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>D. A. Minnerville</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>715 1/2 Chestnut Street</b>		23c. DATE SIGNED <b>2/12/49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb. 15, 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>FEB 14 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Lasater</b>		FUNERAL DIRECTOR'S SIGNATURE <b>Bennett Nickerson</b>		ADDRESS <b>1431 Union Blvd.</b>	

True

70-1176

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by\_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed *Frank Keck*

Student Embalmer No. \_\_\_\_\_  
Licensed Embalmer No. *2915*

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.